



FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90025 008 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0300000984					
1. Entity Name COMMUNICATION SERVICE FOR THE DEAF, INC.					
Principal Place of Business 102 NORTH KROHN PLACE SIOUX FALLS, SD 57103			Mailing Address 102 NORTH KROHN PLACE SIOUX FALLS, SD 57103		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 46-0332149				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CP	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOUKUP, BENJAMIN J		NAME	Robert Oliver	
STREET ADDRESS	102 NORTH KROHN PLACE		STREET ADDRESS	2420 Carriage Court	
CITY-ST-ZIP	SIOUX FALLS, SD 57103		CITY-ST-ZIP	Sioux Falls, SD 57108	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, WENDELL		NAME	Betty Bounds	
STREET ADDRESS	102 NORTH KROHN PLACE		STREET ADDRESS	1102 S. Congress Avenue	
CITY-ST-ZIP	SIOUX FALLS, SD 57103		CITY-ST-ZIP	Austin, TX 78704	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, PAT		NAME	Ronald Stern	
STREET ADDRESS	102 NORTH KROHN PLACE		STREET ADDRESS	1060 Cerrillos Road	
CITY-ST-ZIP	SIOUX FALLS, SD 57103		CITY-ST-ZIP	Santa Fe, NM 87501	
TITLE	S	<input type="checkbox"/> Delete	TITLE	CEO, President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUGLITSCH, PATTY		NAME	Benjamin J. Soukup	
STREET ADDRESS	102 NORTH KROHN PLACE		STREET ADDRESS	102 N. Krohn Place	
CITY-ST-ZIP	SIOUX FALLS, SD 57103		CITY-ST-ZIP	Sioux Falls, SD 57103	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERLOFF, RANDY		NAME		
STREET ADDRESS	102 NORTH KROHN PLACE		STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS, SD 57103		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVILA, ROBERT DR.		NAME		
STREET ADDRESS	102 N. KROHN PL		STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS, SD 57103		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____			7/13/06 605-367-5760		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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